

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90895 023 \*\*\*\*61.25

**DOCUMENT # N26544**

1. Entity Name

**MISIONES PENTECOSTALES LATINOAMERICANAS, INC.**

Principal Place of Business

Mailing Address

**C/O EMILIANO GONZALEZ  
 1710 NW 7TH STREET  
 MIAMI FL 33125**

**C/O EMILIANO GONZALEZ  
 4320 NW 198TH TERRACE  
 MIAMI FL 33055**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0089439**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, EMILIANO  
 4320 NW 198TH TERRACE  
 MIAMI FL 33055**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

\*8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
 NAME GONZALEZ, EMILIANO  
 STREET ADDRESS 4320 NW 198 TERRACE  
 CITY-ST-ZIP CAROL CITY FL ☐ Delete

TITLE VD  
 NAME GONZALEZ, HIRALDINA  
 STREET ADDRESS 4620 NW 198 TERRACE  
 CITY-ST-ZIP CAROL CITY FL ☐ Delete

TITLE S  
 NAME ORTIZ, EDUARDO  
 STREET ADDRESS 1732 NW 7TH ST  
 CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE TD  
 NAME RIOS, DEBORAH  
 STREET ADDRESS 430 NW 103 TERRACE  
 CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Delete

TITLE D  
 NAME RIOS, FRANCISCO J  
 STREET ADDRESS 430 NW 103 TERRACE  
 CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME Lobo Martha  
 SECRETARY  
 STREET ADDRESS 1051 SW 74 AVE MIAMI FL 33144  
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Emiliano Gonzalez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-25-03

Date

305-624-4286

Daytime Phone #

CR2E037 (9/01)